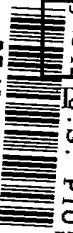


05/25/01



**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)**

To: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

HIGH VOLTAGE BIAS FEEDBACK FOR
DIAGNOSTIC PURPOSES

First Named Inventor (or Application Identifier):

Charles H. Hasenauer, et al

05-29-01 A
ATTORNEY DOCKET 81413JDL

Express Mail Label No.

EL603349335US

Date: 5/25/01

11000 U.S. PTO
09/866174
05/25/01

Enclosed are:

1. Specification

2. Three (3) Sheet(s) of drawing(s)

3. Information Disclosure Statement Under 37 CFR 1.97.

4. Combined Declaration for Patent Application and Power of Attorney:

4a. New

4b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 11 completed)

6. Assignment of the invention to **NexPress Solutions LLC**

7. Certified copy of a priority

8. Associate Power of Attorney

5. Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:

--CROSS REFERENCE TO RELATED APPLICATION

Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

11. Continuation Divisional Continuation-in-part (CIP) of prior application No. ,

12. Please address all written communications to Lawrence P. Kessler, Patent Department, NexPress Solutions LLC, 1447 St. Paul Street, Rochester, New York 14653-7103
Please Direct all telephone calls to James D. Leimbach at (716) 253-0125.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 710
TOTAL CLAIMS	20	- 20 = 0	x 18 =	\$ 0
INDEPENDENT CLAIMS	3	- 3 = 0	x 78 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED		+ 260		\$ 0
			TOTAL	\$ 710

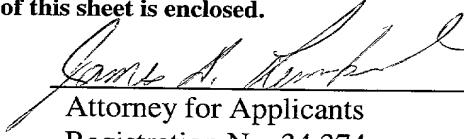
Please charge my NexPress Solutions LLC Deposit Account No. **50-1466** in the amount of **\$ 710.**

A duplicate copy of this sheet is enclosed

The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to NexPress Solutions LLC Deposit Account No. **50-1466**.

A duplicate copy of this sheet is enclosed.

James D. Leimbach/alb
Telephone: (716) 253-0125
Facsimile: (716) 726-0894



Attorney for Applicants
Registration No. 34,374